

# Notifiable Condition Reporting from Local Health Jurisdictions to the Washington State Department of Health

The following conditions are notifiable to the Washington State Department of Health in accordance with timeframes specified in Washington Administrative Code 246-101. See the footnote below for the appropriate Department of Health agency to which cases should be reported.

## Immediately Reportable: (suspect or confirmed cases)

Botulism (foodborne, wound, infant) <sup>1</sup>	Hemolytic uremic syndrome (HUS) <sup>1</sup>
Cholera <sup>1</sup>	Measles (Rubeola) <sup>1</sup>
Disease of suspected bioterrorism origin <sup>1</sup> (i.e., anthrax, smallpox)	Paralytic shellfish poisoning <sup>1</sup>
Disease of suspected foodborne origin <sup>1</sup> (clusters only)	Poliomyelitis <sup>1</sup>
Disease of suspected waterborne origin <sup>1</sup> (clusters only)	Rare diseases of public health significance <sup>1</sup>
	Unexplained critical illness or death <sup>1</sup>

## Reportable within 7 days of case investigation completion or summary information required within 21 days for the following:

Acquired immunodeficiency syndrome (AIDS) (including AIDS in persons previously reported with HIV infection) <sup>2</sup>	Listeriosis <sup>1</sup>
Arboviral disease (West Nile virus disease, dengue, Eastern & Western equine encephalitis, etc.) <sup>1</sup>	Lyme disease <sup>1</sup>
<b>Brucellosis</b> * <sup>1</sup>	Lymphogranuloma venereum <sup>2</sup>
Campylobacteriosis <sup>1</sup>	Malaria <sup>1</sup>
Chancroid <sup>2</sup>	Meningococcal disease <sup>1</sup>
<i>Chlamydia trachomatis</i> <sup>2</sup>	Mumps <sup>1</sup>
Cryptosporidiosis <sup>1</sup>	Pertussis <sup>1</sup>
Cyclosporiasis <sup>1</sup>	<b>Plague</b> * <sup>1</sup>
Diphtheria <sup>1</sup>	<b>Psittacosis</b> * <sup>1</sup>
Enterohemorrhagic <i>E. coli</i> (including <i>E. coli</i> O157:H7) <sup>1</sup>	<b>Q Fever</b> * <sup>1</sup>
Giardiasis <sup>1</sup>	Rabies <sup>1</sup>
Gonorrhea <sup>2</sup>	Rabies post-exposure prophylaxis <sup>1</sup>
Granuloma inguinale <sup>2</sup>	Relapsing fever <sup>1</sup>
<i>Haemophilus influenzae</i> invasive disease <sup>1</sup>	Rubella <sup>1</sup>
Hantavirus pulmonary syndrome <sup>1</sup>	Salmonellosis <sup>1</sup>
Hepatitis A – acute <sup>1</sup>	Shigellosis <sup>1</sup>
Hepatitis B – acute <sup>1</sup> , chronic <sup>2</sup> (initial diagnosis only)	Syphilis <sup>2</sup>
Hepatitis B – surface antigen + pregnant women <sup>3</sup>	Tetanus <sup>1</sup>
Hepatitis C – acute <sup>1</sup> , chronic <sup>2</sup>	Trichinosis <sup>1</sup>
Hepatitis, unspecified (infectious) <sup>1</sup>	Tuberculosis <sup>2</sup>
Herpes simplex <sup>2</sup>	<b>Tularemia</b> * <sup>1</sup>
HIV infection <sup>2</sup>	Typhoid fever <sup>1</sup>
Legionellosis <sup>1</sup>	<b>Typhus</b> * <sup>1</sup>
Leptospirosis <sup>1</sup>	Vibriosis <sup>1</sup>
	Yellow fever <sup>1</sup>
	Yersiniosis <sup>1</sup>

\* If bioterrorism is suspected, case must be immediately reported.

### Reportable to:

<sup>1</sup>Communicable Disease Epidemiology 1-877-539-4344

<sup>2</sup>Infectious Disease and Reproductive Health STDs 360-236-3460

TB 360-236-3443

<sup>3</sup>Immunization Program 360-236-3565

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